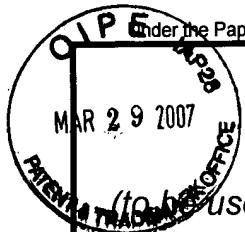


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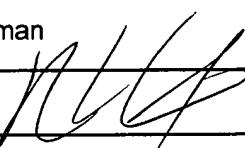

**TRANSMITTAL  
FORM**
(to be used for all correspondence after  
initial filing)

		Application Number	10/051,876
		Filing Date	01/17/2002
		First Named Inventor	Hans-Hermann Wippersteg
		Group Art Unit	3629
		Examiner Name	Michael J. Fisher
Total Number of Pages in This Submission			Attorney Docket No. 59156-103

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Charge Deposit Account -08-3460	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declarations(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Request To Rescind Previous Nonpublication Request
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Response to Notice of Allowability
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard; Check # 495050; RCE Transmittal
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts Incomplete Application	Remarks: <input type="checkbox"/> Commissioner is hereby authorized to charge fees in this application and any fees which may be required, or any overpayment, to Deposit Account 08-3460. I have enclosed a duplicate copy of this sheet	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Amount: \$395.00	
<input type="checkbox"/> Petition For Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b))		

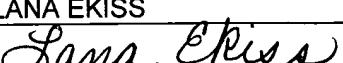
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual Name	Robert C. Haldiman
Signature	
Date	March 29, 2007

**CERTIFICATE OF EXPRESS MAILING**  
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